



Arizona Immunization Program Office  
 Vaccine Center  
 Vaccines For Children (VFC) Program  
 Voice: (602) 364-3642 FAX: (602) 364-3276

**Influenza Order**  
**Fax to 602-364-3276**

## Influenza Vaccine Order and Reporting Form 2008 – 2009

<b>Practice/Provider name:</b>	<b>Phone &amp; area code:</b>	<b>Date submitted:</b>	<b>PIN</b>
<b>Name of person submitting form:</b>	<b>Fax &amp; Area code:</b>	<b>Date logs begin:</b>	<b>Date logs end:</b>

Vaccine Name	Doses Administered	Doses on Hand	Manufacturer/Choice	Doses Requested
<b>Influenza</b> Ages 6 months through 35 months			Sanofi Pasteur - Fluzone® 0.25 mL Pre-filled syringe (Preservative free) 10 syringes/box	
<b>Influenza</b> Ages 3 through 18 years			Sanofi Pasteur - Fluzone® 0.5 mL single-dose vial (Preservative free) 10 single dose vials/box	
			Sanofi Pasteur - Fluzone® 0.5 mL Pre-filled syringe (Preservative free) 10 syringes/box	
			Sanofi Pasteur - Fluzone® 5.0 mL Multi-dose vial One 10 dose vial/box	
<b>Influenza</b> Ages 4 through 18 years			Novartis - Fluvirin™ 0.5 mL Pre-filled syringe (Preservative free) 10 syringes/box	
<b>Influenza-Live</b> Ages 2 yrs – 18 yrs			MedImmune - FluMist™ 0.5 mL single-dose sprayer (Preservative free) 10 sprayers/box	

**For ADHS Office Use Only**

Date Received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date Approved: \_\_\_\_\_